

CITY OF ST. MARYS

418 SECOND STREET
ST. MARYS, WV 26170

304-684-2401 ♦ 304-684-2463 FAX ♦ billingclerk@frontier.com

APPLICATION FOR ADDING/REMOVING A NAME FROM WATER/SEWER/GARBAGE SERVICES

Date: _____ Account Number: _____

Name(s) Currently on Acct: _____

Service Address: _____

Mailing Address (if different): _____

Phone Number: _____ Secondary Phone Number: _____

Reason for Change: _____ Date of Change: _____

- Marriage Divorce Death Change of Occupancy/Roommate Family
- Legal Name Change _____

I wish to ADD REMOVE a name to the account:

Adding:

By signing below I understand that I am now responsible for any charges past, present or future on this account. I understand it is my responsibility to notify the City when services at the above listed service address need to be cancelled. I will remain responsible for all utility services and charges until I have filed an application to stop services. If a stop service form is not received by the City all charges will continue to accumulate on the account until such notice has been received and accepted by the City.

Removing:

By signing below I understand that I may no longer receive any information regarding this account. I also understand that any deposits or credits that exist on the account will be returned to the person remaining on the account.

State Identification or Driver's License is required for adding or changing a name on an account.

First Name	Last Name	Signature

Original Account Holder

Adding:

By adding a name to this account I understand that I am sharing financial responsibility as well as giving access to account information. This includes any refunds or credits on the account.

Removing:

By removing a name from my account I understand that I am now solely responsible for any charges past, present, or future on this account. I understand it is my responsibility to notify the City when services at the above listed address need to be cancelled. I will remain responsible for all utility services and charges until I have filed an application to stop services. If a stop service form is not received by the City all charges will continue to accumulate on the account until such notice has been received and accepted by the City.

State Identification or Driver's License is required. If sent by mail, e-mail or fax, you must include a copy of your State ID or Driver's License.

First Name	Last Name	Signature

FOR OFFICE USE ONLY

DATE FORM RECEIVED: _____ BY: _____ DATE ENTERED: _____